

**INTER-AMERICAN FOUNDATION**  
**PRELIMINARY INFORMATION ON GRANT PROPOSAL**

**Project Title:**

**Project Goal:** (Use no more than 50 words.)

**Duration:** Years\_\_\_ and Months\_\_\_ The proposed duration for which support is requested should be consistent with the nature and the complexity of the proposed activity.

**DESCRIPTION OF PROPONENT ORGANIZATION**

**Name of Organization:** Enter legal name of organization.

**Organization ACRONYM:**

**Principal's Name:** Enter the name of the person(s) primarily responsible for the project and legal signator(s) of the grant agreement. (For grants of US\$100,000 or more, two signatures are required.)

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.		
<hr/>		
(last name)	(first name)	(position)
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.		
<hr/>		
(last name)	(first name)	(position)

**IAF Contact Person:** Enter the name of the person who is primarily responsible for contact with IAF (if other than the principal)

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.		
<hr/>		
(last name)	(first name)	(position)

**Address of Proponent Organization:** Enter the organization's street address and postal address (where applicable), city, province (department or state), postal code, and country.

<hr/>	
<hr/>	
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City:	Province (Dept./State)
Country	Postal Code

**Telephone:** \_\_\_\_\_

Country/area code    Telephone Number

**Telephone:** \_\_\_\_\_

Country/area code    Telephone Number

**Fax:** \_\_\_\_\_

Country/area code    Telephone Number

**Electronic Mail:** \_\_\_\_\_ for access through the Internet.

**Organization Founding Year:** \_\_\_\_\_

**Date of Legal Incorporation:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Mon / Day / Year

**Current Annual Operating Budget:**    \$ \_\_\_\_\_    **% of budget**    \_\_\_\_ %

(in US\$ dollars)

**for overhead**

**Full Amount Requested of the IAF:**    \$ \_\_\_\_\_

(in US\$ dollars)